LEGISLATURE OF NEBRASKA

NINETY-SIXTH LEGISLATURE

FIRST SESSION

LEGISLATIVE BILL 70

Introduced by Chambers, 11

Read first time January 7, 1999

Committee: Judiciary

A BILL

- FOR AN ACT relating to civil rights; to amend section 28-307,

 Reissue Revised Statutes of Nebraska; to adopt the

 Voluntary Physician Aid-In-Dying Act; to provide a

 penalty; to change provisions relating to murder,

 homicide, assault, and assisting suicide; and to repeal

 the original section.
- Be it enacted by the people of the State of Nebraska,

Section 1. Sections 1 to 15 of this act shall be known

- 2 and may be cited as the Voluntary Physician Aid-In-Dying Act.
- 3 Sec. 2. The Legislature finds and declares that autonomy
- 4 of mind and body is the epitome of freedom and is one of the most
- 5 cherished values of our society. The right of self-determination
- 6 lies at the core of our beliefs and is the common interest which
- 7 binds our diverse elements together. Equally vital is our
- 8 compassion for our fellow human beings. Jew, Christian, Muslim,
- 9 Baha'i, Hindu, and Buddhist all abhor unnecessary human pain and
- 10 suffering. Whether or not individuals believe that there is
- 11 another life after this one, there is the desire to avoid a
- 12 prolonged or painful death before leaving this planet. The
- 13 Voluntary Physician Aid-In-Dying Act springs from these universal
- 14 foundations of value: The relief of unnecessary human suffering
- 15 and the preservation of self-determination through choice-in-dying.
- 16 When quality of life has fled and terminal illness has the person
- 17 in its grip, the act offers choice. Passage of this act will
- 18 preserve the autonomy of the person while at the same time
- 19 providing superior safeguards to prevent abuse. Ultimately, the
- 20 act permits the terminally ill person relief from his or her
- 21 personal suffering in a way that is compassionate, humane, and
- 22 dignified.
- Sec. 3. For purposes of the Voluntary Physician
- 24 Aid-In-Dying Act:
- 25 (1) Aid-in-dying means the administration, by a physician
- 26 or a declarant under a physician's direction, of one or more
- 27 potentially lethal dosages of medication that, in the opinion of
- 28 the attending physician, will end the life of a declarant in a

1 compassionate, humane, and dignified manner. The administration of

- 2 the medication may be by any medical means;
- 3 (2) Adult means any person who is nineteen years of age
- 4 or older or who is or has been emancipated;
- 5 (3) Advance directive means a revocable request, in
- 6 writing, executed by a mentally competent qualified patient,
- 7 governing the administration of aid-in-dying by an attending
- 8 physician;
- 9 (4) Attending physician means the physician who is
- 10 primarily responsible for the treatment and care of the qualified
- 11 patient;
- 12 (5) Declarant means a person who executes an advance
- 13 directive under the terms of the act;
- 14 (6) Health care provider means a person or a facility
- 15 licensed, certified, or otherwise officially authorized or
- 16 permitted by the laws of this state to administer health care in
- 17 the ordinary course of business or professional practice;
- 18 (7) Incapable means unable to understand and appreciate
- 19 the nature and consequences of health care decisions, including the
- 20 administration of aid-in-dying, or unable to communicate in any
- 21 manner whatsoever an informed health care decision;
- 22 (8) Patient advocate means a person appointed by the
- 23 <u>declarant pursuant to section 5 of this act to make decisions</u>
- 24 regarding the administration of aid-in-dying in the event the
- 25 declarant becomes incapable of making such decisions;
- 26 (9) Physician means a person licensed to practice
- 27 medicine and surgery in this state pursuant to section 71-1,104;
- 28 (10) Qualified patient means an adult diagnosed as having

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1 a terminal condition by the attending physician and one other

- 2 physician. Each physician's diagnosis shall be in writing; and
- 3 (11) Terminal condition means an incurable or
- 4 irreversible condition which will result, in the opinion of the
- 5 attending physician and one other physician both of whom have
- 6 personally examined the qualified patient, in a qualified patient's
- 7 death within six months. The attending physician and the other
- 8 physician shall not be partners or shareholders in the same medical
- 9 practice.
- 10 Sec. 4. (1) A mentally competent qualified patient may
- 11 execute, at any time, an advance directive governing the
- 12 administration of aid-in-dying procedures. An advance directive
- 13 shall be in writing, dated, and signed by the declarant before two
- 14 witnesses in order to be valid. The witnesses may not:
- 15 (a) Be related to the declarant by blood, marriage, or
- 16 adoption;
- (b) Be entitled to any portion of the declarant's estate
- 18 upon his or her death;
- 19 (c) Have a creditor's claim against the declarant or
- 20 anticipate making such a claim; or
- 21 (d) Be the attending physician of the declarant, an
- 22 employee of the attending physician, a health care provider, or an
- 23 employee of a health care provider.
- 24 (2) Aid-in-dying may be administered to a declarant only
- 25 in strict accordance with the terms of his or her validly executed
- 26 advance directive. A validly executed advance directive shall be
- 27 made a part of the declarant's medical record by the attending
- 28 physician and by any health care provider or institution where the

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- 1 declarant may be located.
- 2 Sec. 5. (1) A patient advocate shall be appointed in
- 3 conjunction with the execution of a valid advance directive. The
- 4 appointment of a patient advocate may be included in the advance
- 5 directive or may be a separate document. The appointment shall be
- 6 in writing, dated, and, if in a separate document, signed by the
- 7 declarant before two witnesses in order to be valid. The witnesses
- 8 shall meet the conditions of subdivisions (1)(a) through (d) of
- 9 section 4 of this act. A statement of acceptance of the
- 10 appointment shall be included in the appointment of the patient
- 11 advocate. In addition, a patient advocate shall be a mentally
- 12 competent adult and shall not be the attending physician. The
- 13 appointment, whether included in the declarant's advance directive
- 14 or executed separately, shall be made a part of the declarant's
- 15 medical record. A declarant may also appoint an alternative
- 16 patient advocate in the same manner as the appointment of the
- 17 original patient advocate to serve if the original patient advocate
- 18 appointed is unwilling or unable to serve. A patient advocate is
- 19 not an attorney in fact as defined in section 30-3402 nor is he or
- she governed by sections 30-3401 to 30-3432.
- 21 (2) The patient advocate appointed in writing by the
- 22 declarant pursuant to subsection (1) of this section is responsible
- 23 for ensuring that the advance directive of the declarant is honored
- in the event the declarant becomes unable to communicate.
- 25 Sec. 6. An advance directive or an appointment of a
- 26 patient advocate may be revoked by the declarant at any time,
- 27 either orally or in writing, without regard to the declarant's
- 28 mental or physical state. No physician, health care provider, or

1 employee of either shall be held civilly, criminally, or

- 2 administratively liable for following an advance directive which
- 3 has been revoked if such physician, health care provider, or
- 4 employee of either had no actual or constructive notice of the
- 5 revocation. A person who witnesses a declarant's revocation of an
- 6 advance directive or a declarant's revocation of an appointment of
- 7 <u>a patient advocate has a duty under the Voluntary Physician</u>
- 8 Aid-In-Dying Act to make a deliberate effort to give notice of such
- 9 revocation to the declarant's attending physician. A written
- 10 record of the revocation shall be added to the declarant's medical
- 11 record.
- 12 Sec. 7. No physician, health care provider, or employee
- 13 of either shall be required to administer or participate in
- 14 <u>aid-in-dying against his or her will.</u>
- 15 Sec. 8. No attending physician, health care provider, or
- 16 employee of either or the appointed patient advocate who acts in
- 17 accordance with the Voluntary Physician Aid-In-Dying Act shall be
- 18 subject to civil, criminal, or administrative liability or any
- 19 penalty therefor.
- 20 Sec. 9. A person who willfully conceals, cancels,
- 21 defaces, falsifies, forges, or otherwise obliterates the advance
- 22 directive of a declarant or a written appointment of a patient
- 23 advocate by a declarant is guilty of a Class I misdemeanor. Any
- 24 person who falsifies or forges the advance directive of another
- 25 person, or who willfully conceals or withholds personal knowledge
- 26 of a revocation of an advance directive with the intent to induce
- 27 aid-in-dying procedures contrary to the wishes of the declarant
- 28 and, because of such concealment or withholding, causes

1 aid-in-dying to be administered, is subject to the appropriate

- 2 criminal prosecution, including prosecution for homicide.
- 3 Sec. 10. The administration of aid-in-dying in
- 4 accordance with the Voluntary Physician Aid-In-Dying Act shall not,
- 5 for any purpose, civil, criminal, or administrative, constitute
- 6 suicide.
- 7 Sec. 11. The sale, procurement, or issuance of any life,
- 8 health, accident, or annuity insurance policy or the rate charged
- 9 for any such policy shall not be conditioned upon or affected by
- 10 the execution or revocation of an advance directive by a declarant
- or any provision of an advance directive.
- 12 Sec. 12. An advance directive is not valid if it is
- 13 executed as a result of coercion, fraudulent inducement, or duress.
- 14 Sec. 13. An attending physician who is requested to
- 15 administer aid-in-dying may request, but is not required to
- 16 request, an evaluation of the declarant by a licensed mental health
- 17 professional qualified to make such evaluation to determine his or
- 18 <u>her mental competence.</u>
- 19 Sec. 14. The Voluntary Physician Aid-In-Dying Act is a
- 20 separate act and is not related in any way to the Rights of the
- 21 Terminally Ill Act or the power of attorney for health care
- 22 pursuant to sections 30-3401 to 30-3432.
- 23 Sec. 15. Any person whose conduct is in compliance with
- 24 the Voluntary Physician Aid-In-Dying Act does not commit murder,
- 25 homicide, or assault or any attempt thereof.
- 26 Sec. 16. Section 28-307, Reissue Revised Statutes of
- 27 Nebraska, is amended to read:
- 28 28-307. (1) A person commits the offense of assisting

1 suicide when, with $\underline{\text{the}}$ intent to assist another person in

- 2 committing suicide, he or she aids and abets him such person in
- 3 committing or attempting to commit suicide.
- 4 (2) Any person whose conduct is in compliance with the
- 5 Voluntary Physician Aid-In-Dying Act does not commit the offense of
- 6 <u>assisting suicide.</u>
- 7 (3) (2) Assisting suicide is a Class IV felony.
- 8 Sec. 17. Original section 28-307, Reissue Revised
- 9 Statutes of Nebraska, is repealed.